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(Re	equestor's Name)	*		
(Address)				
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(Ci	ty/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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DEPARTMENT OF STATE

12 JUL - 2 AM 10: 55

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SECRETARY OF STATE



12 JUL -2 AM 8: 20

ACCOUNT NO. : I2000000195

REFERENCE : 261744 148589A SECRETARY OF STATE TALLAHASSEE, FLORIDA

AUTHORIZATION:

COST LIMIT :

ORDER DATE : July 2, 2012

ORDER TIME: 9:24 AM

ORDER NO. : 261744-005

CUSTOMER NO: 148589A

DOMESTIC FILING

NAME:

IMPERIAL HOME PRODUCTS, INC.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION

	ERTIFICATE OF LIMITED PARTNERSHIP RTICLES OF ORGANIZATION
PLEASE RI	ETURN THE FOLLOWING AS PROOF OF FILING:
I	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT I	PERSON: Harry B. Davis - EXT. 2926
	EXAMINER'S INITIALS:

FILED

a say

NAME

ARTICLE I

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

12 JUL -2 AM 8: 20

ARTICLE I The name of the c	NAME Imperial Home Products, corporation shall be:	NC. SECRETARY OF STAT TALLAHASSEE, FLORI
APTICLE II	PRINCIPAL OFFICE	'MLLAHASSEE, FLORI
AKIICAD II	Principal street address	Mailing address, if different is:
	4040 0	P.O. Box 363885
	Orlando, FL 32809	San Juan, PR 00936-3885
-		CHILDRIN, T. C. COOCC-SOON
ARTICLE III	PURPOSE	
	which the corporation is organized is:	
To engage in	n and transact any lawful business for w	nich corporations may be incorporated under
the Florida B	Business Corporation Act. No other purp	ose limits this general purpose in any way;
and to do su	uch other things as are incidental to the	ourposes of the Corporation or necessary or
	order to accomplish them.	
ARTICLE IV	SHARES	
	ares of stock is:1,000	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	
		Name and Title:
Address:	P.O. Box 363885	
	San Juan PR 00936-3885	
Name and T	Title:1	Name and Title:
Address:		Address:

Name and T		Name and Title:
Address:		Address:
ADTICI P W	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable) of the	registered agent is:
Name:	Andrew Bert Foti	
Address:	1913 Sand Lake Road	
	Orlando, FL 32809	
ARTICLE VII	INCORPORATOR	
	dress of the Incorporator is:	
	Andrew Bert Foti	
Address:	P.O. Box 363885	
	San Juan, PR 00936-3885	
	ed as registered agent to accept service of process for m familiar with and accept the appointment as registe	r the above stated corporation at the place designated in red agent and agree to act in this capacity
_	-53	())))
	Required Signature/Registered Agent	<u>6-12-12</u>
	Required Signature/Registered Agent	Date
	iment and affirm that the facts stated herein are tri epartment of State constitutes a third degree felony as	e. I am aware that the false information submitted in a provided for in s.817.155, F.S.
,		2 7 7
	Required Signature/Incorporator	<u> </u>
	reduiter pignarin auton horator	Date